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CONFIRMATION NO. 4453

<b>SERIAL NUMBER</b> 10/578,914	<b>FILING or 371(c) DATE</b> 05/09/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 290796US0PCT		
<b>APPLICANTS</b> Michihiro Hide, Hiroshima, JAPAN; Yoshikazu Kameyoshi, Hiroshima, JAPAN; Hidenori Suzuki, Hiroshima, JAPAN; Souichi Oomizu, Hiroshima, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/16676 11/10/2004 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-381557 11/11/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/17/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/LAYLA D BLAND/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C. 1940 DUKE STREET ALEXANDRIA, VA 22314 UNITED STATES						
<b>TITLE</b> Allergic constitution ameliorator						
<b>FILING FEE RECEIVED</b> 1700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		